

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13775</u>	2. Fiscal Year Covered From: <u>1</u> / <u>3</u> / <u>2006</u> Through: <u>72</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>ROBERT M DUNCAN</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 126</u> Street <u>1234 5th St</u> City <u>DAISY</u> State <u>GEORGIA</u> ZIP Code + 4 <u>30423</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 728</u> Labor Organization File Number <u>035292</u> P.O. Box, Building and Room Number, if any <u>1234 5th St</u> Street <u>2540 LAKEWOOD AVE S.W.</u> City <u>ATLANTA</u> State <u>GEORGIA</u> ZIP Code + 4 <u>30315</u>
5. Position in labor organization. <u>ASST. B.A. 728</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>1234 5th St</u> Trade Name, if any: <u>1234 5th St</u> P.O. Box, Bldg., Room No., if any <u>1234 5th St</u> Street <u>1234 5th St</u> City <u>1234 5th St</u> State <u>1234 5th St</u> ZIP Code + 4 <u>1234 5th St</u>	7.a. Nature of Interest, Transaction, or Income. <u>1234 5th St</u> 7.b. Amount. <u>1234 5th St</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert M Duncan</u>	On <u>2/6/06</u> Date	<u>404-519-6236</u> Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

Intra-SC Reject or Routing Slip

Name-Unit

34101

1002

Date

08/20/05

X	Route to	X	Reason
	Accounting	<input type="checkbox"/> IMF	Missing or illegible data
	Adjustments	<input type="checkbox"/> BMF	<input type="checkbox"/> EIN <input type="checkbox"/> Signature
	Batching and Numbering	<input type="checkbox"/> NMF	<input type="checkbox"/> SSN <input type="checkbox"/> Tax period
	Clearing and Deposit	<input type="checkbox"/> EPMF	<input type="checkbox"/> Name <input type="checkbox"/> Filing requirements
	Collection	<input type="checkbox"/> IRAF	<input type="checkbox"/> Address <input type="checkbox"/> Form _____
	Criminal Investigation	<input type="checkbox"/> IRP	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> QRDT <input type="checkbox"/> ITPP	<input type="checkbox"/> CAWR	Review for necessary action
	Data Control (Balancing)	<input type="checkbox"/> Other file:	Renumber to
	Document Services		<input type="checkbox"/> Tax class _____ <input type="checkbox"/> Doc. code _____
	Entity Control		<input type="checkbox"/> Other: _____
	Error Resolution		Unpostable code: _____ Cycle: _____
	Examination (Audit)		Reinput
	Files		Questionable items
	Reject Correction		<input type="checkbox"/> Form W-2 <input type="checkbox"/> Contributions
	Returns Analysis		<input type="checkbox"/> Other data: _____
	Statute Control		Other (explain)
	Other activity (explain)		Please transship to Ogden SC. This is an exempt Org. doc.

Ave

Cat. No. 269151

*U.S. GPO: 2001-472-880/43117

Department of the Treasury
Internal Revenue Service